

Individual Income Tax Return 2000

RESIDENT

(FOR USE BY TAXPAYERS WHO HAVE LESS THAN \$100,000 TAXABLE INCOME
AND WHO DO NOT ITEMIZE DEDUCTIONS AND DO NOT CLAIM ADJUSTMENTS TO INCOME)

☐ Check box if address is new or changed

AMD UNP 008 PNT INT

| | | | |
|--|--|-----------|---------------------------------|
| USE STATE LABEL OTHERWISE PRINT OR TYPE | Your first name and initial | Last name | Your social security number |
| | If a joint return, spouses's first name and initial | Last name | Spouse's social security number |
| | Present mailing or home address (Number and street, including apartment number or rural route) | | Your occupation |
| | City, town or post office, State and ZIP code | | Spouse's occupation |

HAWAII ELECTION CAMPAIGN FUND

Do you want \$2 to go to the Hawaii Election Campaign Fund? Yes ☐ No ☐
If joint return, does your spouse want \$2 to go to the fund? Yes ☐ No ☐ Note: Checking "Yes" will not increase your tax or reduce your refund.

| | | |
|------------------|---|----------------------|
| FILING STATUS | 1 <input type="checkbox"/> Single | (Check only ONE box) |
| | 2 <input type="checkbox"/> Married filing joint return (even if only one had income). | |
| | 3 <input type="checkbox"/> Married filing separate return. Enter spouse's social security no. above and full name here. • | |
| | 4 <input type="checkbox"/> Head of household (with qualifying person). If the qualifying person is your child but not your dependent, enter this child's name here. ➤ | |
| | 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (Year spouse died •). | |

Caution: If you can be claimed as a dependent on another person's tax return (such as your parents'), do not check box 6a, but be sure to check the box below line 11.

| | | | | | | | |
|------------|--|--|---|---------------------------------------|-----------------|---|----------------------|
| EXEMPTIONS | 6a <input type="checkbox"/> Yourself <input type="checkbox"/> Age 65 or over | Enter number of boxes checked on 6a and 6b ➤ | <input type="text"/> | | | | |
| | 6b <input type="checkbox"/> Spouse <input type="checkbox"/> Age 65 or over | | | | | | |
| | 6c and 6d | Dependents: | If more than 6 dependents, use attachment | 2. Dependent's social security number | 3. Relationship | Enter number of your children listed 6c ➤ | <input type="text"/> |
| | | 1. First and last name | | | | Enter number of other dependents 6d ➤ | <input type="text"/> |
| | | | | | | Add numbers entered in boxes above 6e ➤ | <input type="text"/> |
| 6e | Total number of exemptions claimed | | | | | | |

| | | | | | |
|--------|---|--|-----|--|----|
| INCOME | 7 | Wages, salaries, tips, etc. (attach Form(s) W-2; if unavailable, see item 5 on page 10 of Instructions) | 7● | | 00 |
| | 8 | Interest income (complete Part I on page 2 if over \$400) | 8● | | 00 |
| | 9 | Ordinary dividends (complete Part II on page 2 if over \$400) | 9● | | 00 |
| | 10 | Unemployment compensation (insurance). | 10● | | 00 |
| | 11 | Add lines 7, 8, 9 and 10 Adjusted Gross Income ➤ | 11● | | 00 |
| | Caution: • If you can be claimed as a dependent on another person's return, see page 10 of the Instructions and check here. ➤ • <input type="checkbox"/> • If you are married filing separately and your spouse itemizes deductions, see page 8 of the Instructions. | | | | |
| | 12 | Standard deduction. If you checked filing status box: { 1, enter \$1,500 2 or 5, enter \$1,900 3, enter \$950 4, enter \$1,650 Standard Deduction ➤ | 12● | | 00 |
| | 13 | Line 11 minus line 12. (This line MUST be filled in) | 13● | | 00 |
| | 14 | Multiply \$1,040 by the total number of exemptions claimed on line 6e. If you and/or your spouse are blind, deaf, or disabled, check applicable box(es) • <input type="checkbox"/> Yourself • <input type="checkbox"/> Spouse, and see page 11 of Instructions. | 14● | | 00 |
| | 15 | Line 13 minus line 14. Enter the result (but not less than zero). Taxable Income ➤ | 15● | | 00 |

Continue on other side

Continue on other side

CAUTION: You may **NOT** file Form N-13 (you must file Form N-11, N-12, or N-15 instead) if any of the following apply to you:

- You are a part-year resident.
- You are married filing a separate return and your spouse itemizes.
- You received any capital gains distributions.

NOTE: You may be required to file Form N-11, N-12, or N-15 for other reasons. See page 6 of Instructions.

PART I

Interest Income

If you received more than \$400 in interest, you must complete Part I and list the names of the payers and the amounts of interest on the lines below. See page 10 of the Instructions for what interest to report.

PART II

Ordinary Dividends

If you received more than \$400 in ordinary dividends, list the names of the payers and the amounts of the dividends on the lines below. See page 10 of the Instructions for a definition of ordinary dividends.

| Name of Payer | | Amount | Name of Payer | | Amount |
|---------------|---|--------|---------------|--|--------|
| 1 | | | 1 | | |
| | | | | | |
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| | | | | | |
| 2 | Total interest income. Enter here and on Form N-13, line 8 (Whole dollars only) | 00 | 2 | Total ordinary dividends. Enter here and on Form N-13, line 9 (Whole dollars only) | 00 |

| TAX PAYMENTS AND CREDITS | | 16 | | 18 | | 20 | |
|--------------------------|---|---------|-----|----|--|----|--|
| 16 | Tax. Check if from <input type="checkbox"/> Tax Table; or <input type="checkbox"/> Form N-615, Computation of Tax for Children Under Age 14 Who Have Investment Income of More Than \$1,000..... | Tax ▶ | 16● | | | 00 | |
| 17 | Energy Conservation Tax Credit (attach Form N-157)..... | 17● | | 00 | | | |
| 18 | Line 16 minus line 17 (but not less than zero)..... | ▶ | 18 | | | 00 | |
| 19a | Total Hawaii income tax withheld..... | 19a● | | 00 | | | |
| 19b | Amount paid with extension(s)..... | 19b● | | 00 | | | |
| 19c | Low-Income Refundable Tax Credit (attach Schedule X)..... | 19c● | | 00 | | | |
| | DHS, etc. exemptions ● | 19c● | | 00 | | | |
| 19d | Credit for Low-Income Household Renters (attach Schedule X)..... | 19d● | | 00 | | | |
| 19e | Credit for Child and Dependent Care Expenses (attach Schedule X)..... | 19e● | | 00 | | | |
| 19f | Credit for Child Passenger Restraint System(s) (attach a copy of the invoice)..... | 19f● | | 00 | | | |
| 20 | Add lines 19a through 19f..... | Total ▶ | 20● | | | 00 | |
| 21 | If line 20 is larger than line 18, enter the amount to be REFUNDED TO YOU (line 20 minus line 18)..... | | 21● | | | 00 | |
| 22 | If line 18 is larger than line 20, enter the AMOUNT YOU OWE (line 18 minus line 20). DO NOT include the penalty and interest for the late filing of your return; see page 12 of the Instructions. Use Form N-200V to send your payment to the Department of Taxation..... | | 22● | | | 00 | |
| 23 | Estimated tax penalty. (see page 12 of Instructions) Also include on line 21 or 22, whichever applies. Check box if Form N-210 is attached ▶ <input type="checkbox"/> | 23● | | 00 | | | |
| 24 | If you don't need Hawaii income tax forms mailed to you next year, check here to receive a preprinted label only..... ▶ ● <input type="checkbox"/> | | | | | | |

DECLARATION

I declare, under the penalties set forth in section 231-36, HRS, that this return (including accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Hawaii Income Tax Law, Chapter 235, HRS.

| | | | | | | | | | | | |
|---|--|--|--|--|----------------------------------|---|--|---|---|---|--|
| PLEASE SIGN HERE | <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 45%; border-bottom: 1px solid black; padding-bottom: 5px;"> <div style="text-align: right; font-size: 24px; margin-bottom: 5px;">➤</div> <div style="text-align: center;">Your signature</div> </div> <div style="width: 45%; border-bottom: 1px solid black; padding-bottom: 5px;"> <div style="text-align: right; font-size: 24px; margin-bottom: 5px;">➤</div> <div style="text-align: center;">Spouse's signature (if filing jointly, BOTH must sign)</div> </div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 5px;"> <div style="width: 45%; text-align: center;">Date</div> <div style="width: 45%; text-align: center;">Date</div> </div> | | | | | | | | | | |
| | ★ May the Hawaii Department of Taxation discuss this return with the preparer shown below? (See page 13 of the Instructions.) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | |
| | Paid Preparer's Information | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; padding: 5px; vertical-align: top;"> Preparer's Signature and date <div style="text-align: right; font-size: 24px; margin-top: 10px;">➤</div> </td> <td style="width: 40%; padding: 5px; vertical-align: top;"> Preparer's identification number </td> </tr> <tr> <td style="padding: 5px; vertical-align: top;"> Firm's name (or yours if self-employed), Address, and ZIP Code <div style="text-align: right; font-size: 24px; margin-top: 10px;">➤</div> </td> <td style="padding: 5px; vertical-align: top;"> Check if self-employed <input type="checkbox"/> </td> </tr> <tr> <td style="padding: 5px; vertical-align: top;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> </td> <td style="padding: 5px; vertical-align: top;"> Federal E.I. No. <div style="text-align: right; font-size: 24px; margin-top: 10px;">➤</div> </td> </tr> <tr> <td style="padding: 5px; vertical-align: top;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> </td> <td style="padding: 5px; vertical-align: top;"> Phone No. <div style="text-align: right; font-size: 24px; margin-top: 10px;">➤</div> </td> </tr> </table> | | Preparer's Signature and date <div style="text-align: right; font-size: 24px; margin-top: 10px;">➤</div> | Preparer's identification number | Firm's name (or yours if self-employed), Address, and ZIP Code <div style="text-align: right; font-size: 24px; margin-top: 10px;">➤</div> | Check if self-employed <input type="checkbox"/> | <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> | Federal E.I. No. <div style="text-align: right; font-size: 24px; margin-top: 10px;">➤</div> | <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> | Phone No. <div style="text-align: right; font-size: 24px; margin-top: 10px;">➤</div> |
| | Preparer's Signature and date <div style="text-align: right; font-size: 24px; margin-top: 10px;">➤</div> | Preparer's identification number | | | | | | | | | |
| Firm's name (or yours if self-employed), Address, and ZIP Code <div style="text-align: right; font-size: 24px; margin-top: 10px;">➤</div> | Check if self-employed <input type="checkbox"/> | | | | | | | | | | |
| <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> | Federal E.I. No. <div style="text-align: right; font-size: 24px; margin-top: 10px;">➤</div> | | | | | | | | | | |
| <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> | Phone No. <div style="text-align: right; font-size: 24px; margin-top: 10px;">➤</div> | | | | | | | | | | |
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REMINDERS:

- Check your arithmetic.
- **Don't forget to sign your return.** If married filing a joint return, both spouses must sign the return.
- Use your preprinted address label if you received one. Make any changes directly on the label.
- Be sure required attachments are attached. (W-2s, Schedule X, etc.)
- File early using the preaddressed envelope if you received one.